

AO 240 (Rev. 9/96)

UNITED STATES DISTRICT COURT

Aug 12 2008
FILED
AUG 12 2008
MICHAEL W. DOBBS
CLERK, U.S. DISTRICT COURT

TOMAS ORTIZ

Plaintiff

v.

UNITED STATES OF AMERICA

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 1:08-CV-00880

I, Tomas Ortiz declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration FCI Manchester, KyAre you employed at the institution? Yes Do you receive any payment from the institution? Yes

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. Unicor - Manchester, Ky - From \$0 up to \$1050 monthly.
b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

I receive money from family amounts are unknown and the time money is sent varies, so theres no knowing how long this will continue.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. *The following persons on this list below are my children, who I'm unable to support under my current situation of incarceration. Destiny Ortiz, Alexis Ortiz, Jaylann Ortiz, Justin Ortiz, Tomas Ortiz Jr.*

I declare under penalty of perjury that the above information is true and correct.

8-07-08

Date

Zoman Ortiz

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE

(Prisoner Accounts Only)

(To be Completed by the Institution of Incarceration)

I certify that the applicant named herein has the sum of \$ 390.91 on account to his/her credit at the FCL Manchester, Ky institution where he is confined.

I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution: _____

I further certify that during the past six months the applicant's average balance was \$ 479.56.

7 Aug 08
Date

[Signature] Counselor
Signature of Authorized Officer of Institution

CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF:

Thomas Ortiz

ADC NUMBER:

FEDERAL COURT CASE NUMBER (IF KNOWN):

1:08-CV-00880

Total deposits for last six (6) months:

\$ 1,278.17

Average monthly deposit (total deposits divided by 6):

\$ _____

Total balances for last six (6) months:

\$ 1,278.17

Average monthly balance:
(Total balances divided by 6)

\$ 479.56

Current account balance:

\$ 390.91

Initial payment of filing fee as of _____:

\$ _____

(The greater of the average monthly deposit
Or the average monthly balance x .20)

DATE: 7 Aug 08

AUTHORIZED OFFICIAL

G. J. D. Hays, Counselor

(NO FILING FEE SHALL BE IN EXCESS OF
\$350.00 FOR A CIVIL LAWSUIT
OR
\$455.00 FOR AN APPEAL)